

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596568

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 4 | / | | | | | |
| 5 | / | | | | | |
| 6 | 0 | | | | | |
| 7 | 0 | | | | | |
| 8 | 0 | | | | | |
| 9 | 0 | | | | | |
| 10 | 0 | | | | | |
| 11 | 0 | | | | | |
| 12 | 0 | | | | | |
| 13 | 1 | | | | | |
| 14 | 6 | | | | | |
| 15 | 6 | | | | | |
| 16 | 0 | | | | | |
| 17 | 0 | | | | | |
| 18 | 0 | | | | | |
| 19 | 0 | | | | | |
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| TOTAL IND. | | 3 | | | | |
| TOTAL DEP. | | 17 | | | | |
| TOTAL CLAIMS | | 20 | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |